

<b>HIPAA CROSSWALK – ELDERLY AND PHYSICAL DISABILITIES WAIVER</b>
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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
94900 – EW  PERSONAL CARE AIDE SVCS	T1019  Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U3  Elderly and Physical Disabilities waiver	Prior Authorization is required.  Use this code and modifier for services over 1040 hours per DC fiscal year. Service is capped at 16 hours per day (64 units).

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94900 – EW  PERSONAL CARE AIDE SVCS – GROUP SETTING	T1019  Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant); Group setting	HQ  Group setting.  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required.  Use this code with both modifiers for services over 1040 hours per DC fiscal year. Service is capped at 16 hours per day (64 units).
95000 – EW  HOMEMAKER AIDE	S5130  Homemaker service, NOS; per 15 minutes	U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is capped at 8 hours per day (32 units), with a minimum of 1 hour (4 units).

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
96000 – EW  CHORE SERVICES	S5120  Chore services; per 15 minutes	U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is capped at 8 hours per day (32 units), with a minimum of 1 hour (4 units). Service also has a yearly cap of 32 hours (128 units).

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98000 – EW  RESPITE SVC 1 – 17 HOURS	T1005  Respite care services, up to 15 minutes	TD  Registered Nurse  TE  Licensed Practical Nurse or Licensed Visiting Nurse  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required.  Service is capped at 480 hours (1920 units) of the T1005 base code per recipient waiver certification year.  Use TD as the first modifier, only if services were rendered by a Registered Nurse (RN).  Use TE as the first modifier, only if services were rendered by a Licensed Practical Nurse (LPN).  The U3 modifier must be used. U3 indicates the Elderly and Physical Disabilities Waiver Program, and is the only modifier used if services were rendered by an Aide. U3 must be the second modifier when TD or TE is used.

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<p style="text-align: center;">98001 – EW</p> <p>RESPITE SVC 18 – 24 HOURS</p>	<p style="text-align: center;">T1005</p> <p>Respite care services, up to 15 minutes</p>	<p style="text-align: center;">TU</p> <p style="text-align: center;">Special Payment Rate or Overtime</p> <p style="text-align: center;">U3</p> <p style="text-align: center;">Elderly and Physical Disabilities Waiver</p>	<p>Prior Authorization is required.</p> <p>Service is capped at 480 hours (1920 units) of the T1005 base code per recipient waiver certification year.</p> <p>All modifiers must be used, in the order listed.</p>

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<p align="center"><b>Key for modifiers used in Home Modifications services below;</b></p> <p><b>SC Medically necessary supply or service;</b></p> <p><b>SE State and/or federally-funded programs/services;</b></p> <p><b>TF Intermediate level of care;</b></p> <p><b>TG Complex or high-tech level of care</b></p>			
<p align="center">EAA02</p> <p align="center">ENVIRONMENT ACCESSIBILITY ELDERLY (Ramp and Doorway)</p>	<p align="center">S5165</p> <p align="center">Home modifications; per service</p>	<p align="center">SC</p> <p align="center">Medically necessary supply or service</p> <p align="center">U3</p> <p align="center">Elderly and Physical Disabilities Waiver</p>	<p>Prior Authorization is required. Ramp and doorway services are capped at \$90.00 per linear foot (one unit = one foot). There is a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.</p>

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EAA02  ENVIRONMENT ACCESSIBILITY ELDERLY (Porch)	S5165  Home modifications; per service	TF  Intermediate level of care  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Porch modifications are limited to \$3000.00 per service with a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.
EAA02  ENVIRONMENT ACCESSIBILITY ELDERLY (Stairclimber)	S5165  Home modifications; per service	TG  Complex or high-tech level of care  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Stairclimber installation and associated home modifications are limited to \$2000.00 per service with a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.





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EAA02  ENVIRONMENT ACCESSIBILITY ELDERLY (Bathroom)	S5165  Home modifications; per service	TF  Intermediate level of care  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Bathroom modifications are limited to \$2000.00 per service with a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.
EAA02  ENVIRONMENT ACCESSIBILITY ELDERLY (Specialized Electrical and/or Plumbing Modifications)	S5165  Home modifications; per service	SE  State and/or federally-funded programs/services  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Specialized electrical and/or plumbing modifications are limited to \$2000.00 per service with a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.

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W5090  PERS INSTALLATION ONE TIME CHARGE	S5160  Emergency response system, installation & testing	U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is limited to one per recipient lifetime.
W5091  MONTHLY RENTAL RATE PERS	S5161  Emergency response system, service fee per month	U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is limited to one per recipient waiver certification month.
Y1000 – EW  CASE MANAGEMENT - INITIAL ASSESSMENT	T1023  Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is limited to one per recipient for each admission to the waiver program.

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Y1001 – EW  CASE MANAGEMENT - MONTHLY ASSESSMENT	T1023  Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	52  Reduced services  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is limited to one per recipient waiver certification month.
Y1002 – EW  CASE MANAGEMENT - ANNUAL REASSESSMENT	T1023  Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	TU  Special payment rate  U3  Elderly and Physical Disabilities Waiver	Prior Authorization is required. Service is limited to one per recipient waiver certification year.